



Provider Portal

**2020 IHCP Works
Annual Seminar**

Agenda

- Plan Participation
- Portal Registration
- Resource Library
- Member Search
- Claims
- Member Reports
- Provider
- Updates & Announcements
- How to Reach Us



Plan Participation

- Not currently a participating provider?
- Visit **CareSource.com/in/providers** and scroll down to click on *Become A CareSource Provider*.
- Complete our **New Health Partner Contract Form**



Education

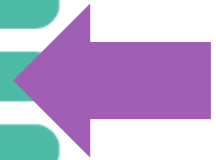
Learn more about our programs and other topics to assist you with caring for your patients.

Most Popular

COVID-19 INFORMATION

BECOME A CARESOURCE PROVIDER

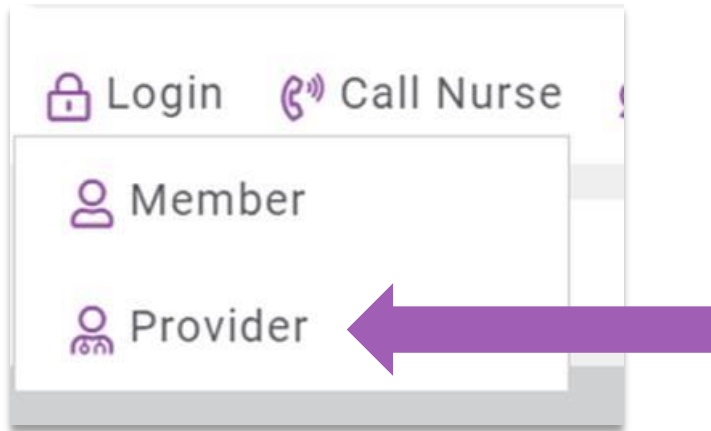
FREQUENTLY ASKED QUESTIONS



Additional Links

Patient Care
Newsletters & Communications
Reporting Fraud, Waste & Abuse
Pharmacy
Frequently Asked Questions
Quality Improvement
Behavioral Health

Provider Portal Registration



1. Go to **CareSource.com**.
2. On the top right corner of the page, hover over Login and select **Provider**.
3. Select Indiana.
4. Click [register here](#) under **Register for the Provider Portal**.
5. Enter your information, including your CareSource Provider Number (located in your welcome letter).
6. Follow remaining steps to register.

A screenshot of the 'Register for the Provider Portal' page. At the top, it says 'Register for the Provider Portal' followed by instructions: 'If you are not already registered for the Provider Portal, please [register here](#).' and 'If you have a login, but cannot remember your username and/or password, please call the CareSource Provider Services Department at 1-866-286-9949.' Below this is a section titled 'Register for the CareSource E-Communication System' with text: 'Cut down on clutter and go green! Register for CareSource Provider E-Communication System and receive relevant and timely information via email. [Please register here.](#)' A purple arrow points to the 'register here' link. At the bottom, there is a 'Provider Login:' section with fields for 'Username:' and 'Password:', each followed by a red asterisk, and a 'Log In' button.

Helpful Hint:

- The zip code is the practitioner's primary location.

Provider Portal Resource Library

MEMBER SEARCH



Provider Portal Resource Library

CareSource wants you to have the tools you need to manage your CareSource members in an efficient and timesaving manner. The Provider Portal makes it easy for you to work with us 24/7 and has critical information and tools to save your practice time.

CLAIMS



Access the links below to learn about resources on the portal, how to use them and which ones will work best for your practice!

If you are having trouble viewing the training materials and are using Chrome, please try to use Firefox or Internet Explorer.

MEMBER REPORTS



- [Provider Portal User Guide](#)
- [Changing Demographic Information](#)
- [Adding an Existing Practitioner to an Existing Practice](#)
- [Adding an Existing Practitioner to a New Group](#)
- [Adding a New Practitioner to an Existing Group](#)
- [Adding a New Practitioner to a New Group](#)

USERS



Manage Users

Update My Account

Impersonate User

Provider Training

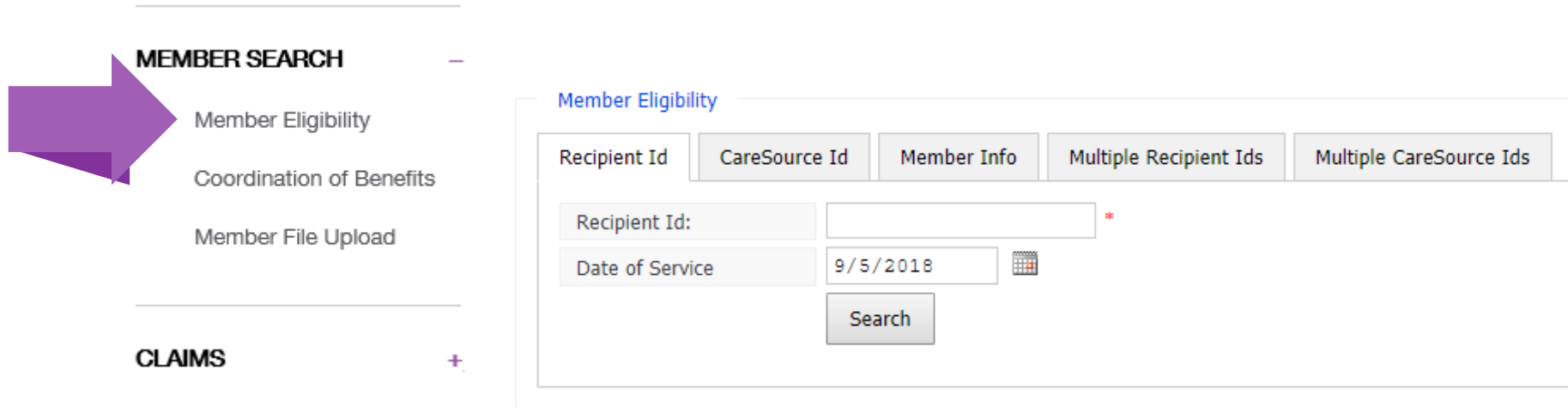
CareSource Anti-Fraud Plan

The [CareSource Anti-Fraud Plan](#) is now available for your reference. It was developed to support the broader CareSource Corporate Compliance Plan and achieve the following objectives:

- Follow all federal and state rules, laws, regulations and other requirements
- Deter and prevent future fraud, waste and abuse
- Ensure the highest quality of care for our members
- Facilitate the identification and investigation of fraud

Member Search

Member Eligibility



MEMBER SEARCH -


- Member Eligibility
- Coordination of Benefits
- Member File Upload

CLAIMS +

Member Eligibility

Recipient Id CareSource Id Member Info Multiple Recipient Ids Multiple CareSource Ids

Recipient Id: *

Date of Service: 9/5/2018 

Search

Upon logging into the Provider Portal, health partners will be able to view member eligibility:

- 24 months of history
- Member span information
- Multiple member look-up (up to 50)

Verify eligibility at every visit prior to rendering services.

Coordination of Benefits

COB Information

Carrier: Anthem Blue Cross Blue Shield (BCBS) Ohio
PO BOX 105187
Atlanta, GA 303485187

Carrier Phone: (855) 690-7796

Policy Holder Name: [REDACTED]

Relationship to Policy Holder: Unavailable

Insurance Type: Medical

Group Number: [REDACTED]

Policy Number: [REDACTED]

Effective Date: 1/1/2017

Term Date: 2/1/2017

Last Verification Date: 5/8/2017

* The presence of an asterisk may indicate an incomplete record for the field indicated.

Note: Please contact the primary carrier for any information that is "Unavailable."

Add COB Information

Edit COB Information



Member File Upload

Member Eligibility

Health care providers should always verify member eligibility before rendering services, except in an emergency.

It is important to verify that CareSource members are eligible for care on the date of service; therefore, the date of service is required to conduct a search. This helps prevent unpaid claims. Please select one of the following search methods and enter the requested information. Then select "Search." You can verify eligibility for dates of service up to 24 months ago.

Uploading Consent Forms

If you need to upload a member's consent form for abortion, hysterectomy, or sterilization, first check the member's eligibility for the appropriate date of service, and then scroll to the Upload Consent Form option on this page to upload the consent form.

Corrected claim forms are not necessary when submitting documentation on the Portal.

How to Upload Consent Form

NOTE: If you are submitting documentation for a claim and do not indicate the specific claim number for which the documentation applies, the documentation **will apply only to claims received after the receipt date of the consent form**. For example, a consent form uploaded on 1/6/2020 will systematically apply to claims received by CareSource on or after 1/6/2020. It will not apply to claims received prior to 1/6/2020.

To upload a consent form applicable to a **previously submitted claim**, you must enter the corresponding claim number when submitting the attachment to ensure systematic alignment.



Claims

Claims



INDIANA
PROVIDER PORTAL

MEMBER SEARCH +

CLAIMS -

- Online Claim Submission
- Claim Information and Attachments
- Rejected Claims
- Payment History
- Recovery Request
- Disputes
- Appeals

MEMBER REPORTS +

USERS +

PROVIDERS +

ASSESSMENTS +

NEW FEATURE

CareSource has launched a new care management tool to review member assessment Assessments Taken or Care Treatment Plan. Look for the steps to guide you to the

Click the link below to learn more about this tool and to understand more about the

LEARN MORE

Electronic Remittance Advice (ERA) Issue with

On March 2, 2020, ECHO Health, Inc., delivered a correction to the 835 EDI files sending Claim Level A

[Please review the network notification for more information.](#)

Provider Portal Survey

CareSource would love to hear about your experience on the provider portal today. The results from thi

[Start the survey](#)

Online Claim Submission

Dashboard

Document Status

NewClaim

>

Work Item

>

Reports

Help

>

CareSource

CREATE HCFA

CREATE UB

CREATE DENTAL

UPLOAD CLAIM

DOCUMENT STATUS

DCN

Submission Status to Payer

LOB/Claim Type

Incoming Mode

To PCH Load Date

PatientDOB (MM/DD/YYYY)

InsuredDOB (MM/DD/YYYY)

From DOS

Insured LastName

Insured FirstName

Patient LastName

Patient FirstName

Search

Document Number

DCN

Submission Status to Payer

LOB/Claim Type

Incoming Mode

TotalCharges

From PCH Load Date

PatientDOB (MM/DD/YYYY)

InsuredDOB (MM/DD/YYYY)

From DO

No data available in Workitem



Online Claim Submission

HCFA

Attachments

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

MEDICAID

TRICARE

CHAMPVA

GROUP HEALTH PLAN

FECA BLK LUNG

OTHER

(Medicaid #)

(Sponsor's SSN)

(SSN or ID)

(Medicare#)

(SSN)

(ID)

(Last Name, First Name, Middle Initial)

FIRST NAME

MIDDLE INITIAL

ESS (No., Street)

EXT

NUMBER

(Last Name, First Name, Middle Initial)

FIRST NAME

MIDDLE INITIAL

3. PATIENT'S BIRTH DATE

MMDDCCYY

6. PATIENT RELATIONSHIP TO INSURER

Self

Spouse

Child

8. RESERVED FOR NUCC USE

NUCC USE

10. IS PATIENT'S CONDITION RELATED TO PREVIOUS CLAIM?

Yes

No

10a. EMPLOYMENT (Current or Previous)

Yes

No

CARESOURCE

CARESOURCE

PO BOX 8730

DAYTON

OH

454018730

CARESOURCE

OTTO, LYNDA K.

1818 CAREW ST STE 320

ADDRESS 2

FORT WAYNE

IN

46805

4788

TELEPHONE NO

NAME (ORGANIZATION)

ADDRESS

ADDRESS 2

CITY

STATE

ZIP

ZIP EXT

TELEPHONE NO

3.a PATIENT CNTL.#

PATIENT CONTROL

b. MEDICAL REC.#

MEDICAL RECORDS

5. FED.TAX NO.

351972384

MMDDCCYY

8.a PATIENT NAME

PATIENT ID

9.a PATIENT ADDRESS

PATIENT ADDRESS1

b. PATIENT LAST NAME

PATIENT FIRST NAME

PATIENT MIDDLE II

b. PATIENT CITY

c. PATIENT STATE

d.

10. BIRTHDATE

11. SEX

ADMISSION

16. DHR

17. STATUS CODE

COND. CODE 1

29. ACCIDENT STATE

12. DATE

13. HR

14. TYPE

15. SRC

18

19

20

21

22

23

24

25

26

27

28

PATIENT OCCUR

31. OCCURRENCE

32. OCCURRENCE

33. OCCURRENCE

34. OCCURRENCE

35. OCCURRENCE SPAN

36. OCCURRENCE SPAN

37.

CODE

DATE

CODE

DATE

CODE

DATE

CODE

DATE

CODE

FROM

THROUGH

CODE

FROM

THROUGH

A

PATIENT OC

MMDDCCYY

PATIENT OC

MMDDCCYY

PATIENT OC

MMDDCCYY

PATIENT OC

MMDDCCYY

PATIENT OC

MMDD

MMDD

PATIEI

MMDD

MMDD

B

PATIENT OC

MMDDCCYY

PATIENT OC

MMDDCCYY

PATIENT OC

MMDDCCYY

PATIENT OC

MMDDCCYY

PATIENT OC

MMDD

MMDD

PATIEI

MMDD

MMDD

B

38.

RESPONSIBLE PARTY LAST NAME

RESPONSIBLE PARTY FIRST NAME

RESPONSIBLE PARTY MIDDLE INITIAL

39. CODE

VALUE CODES - COD

0.00

40. CODE

VALUE CODES - COD

Save Draft

Submit

Close

Claim Information & Attachments

Claim Information and Attachments

Claim Information and Attachments

Recipient Id	CareSource Id	Member Info	Claim Number	Patient Number	Check Number	External Reference Number
Recipient Id: <input type="text"/>						
<input type="button" value="Search"/>						

- Claim status is updated daily on our Provider Portal
- Check claims that were submitted for the previous 24 months.
- Additional details are now available when viewing a denied claim on the Provider Portal, including additional clinical edits.
- A new Document Upload tab is available on the Claims Detail view when a claim is denied due to missing attachments.

Rejected Claims

Rejected Claims

Rejected Claims Search

Member First Name

Member Last Name

Patient Number

Clearinghouse Claim #

NPI

Charge Amount

Date of Service (Minimum)

Date of Service (Maximum)

Search

Export Rejected Claims: [CSV](#)

Page(s): 1 2 3 4 5 6 7 8 9 10 ...

Patient Number	Clearinghouse Claim#	Received	DOS	Charge Amount	Servicing Provider	Member Name	CareSource Claim#	Reason
H5007	MHXP	11/29/2017	09/23/2017	\$990.00	THE METROHEALTH SYSTEM	CHRISTINA	173	
H5007	MHXP	06/07/2018	09/23/2017	\$867.00	THE METROHEALTH SYSTEM	GLENN	181	
3000	MHXP	10/04/2017	09/24/2017	\$438.00	THE METROHEALTH SYSTEM	MCCONNELL	172	
17501	MHXP	02/26/2019	09/24/2017	\$1,016.00	THE METROHEALTH SYSTEM	STEFANIE	19057	
H5007	MHXP	06/07/2018	09/24/2017	\$1,213.00	THE METROHEALTH SYSTEM	GLENN	181	
702	MHXP	05/08/2019	09/25/2017	\$4,196.00	THE METROHEALTH SYSTEM	CATHERINE	1912	CLMTIMELYFILING - Claim passed Timely Filing deadlines

Payment History

- Upon entering your date range and check OR claim number, the Provider Portal will list applicable remittance advice.
- Full EOB can be pulled up and reviewed

Search Payments

Search for payments using one or more of the following criteria.

Start Date:

6/8/2019

End Date:

6/8/2020

Check Number:

Claim Number:

Search

Page(s): 1 2 3 4 5 6 7 8 9 10 ...

Record(s): 264

EOP	Check Number	Processed Date	Remit Address	Check Amount
View EOP	Not Applicable	6/3/2020	230 N Main St Dayton, OH 454021263	\$0.00
View EOP	Not Applicable	5/16/2020	230 N Main St Dayton, OH 45402	\$0.00
View EOP	Not Applicable	5/16/2020	230 N Main St Dayton, OH 45402	\$0.00
View EOP	Not Applicable	5/16/2020	230 N Main St Dayton, OH 45402	\$0.00
View EOP	Not Applicable	5/13/2020	230 N Main St Dayton, OH 45402	\$0.00
View EOP	Not Applicable	5/9/2020	230 N Main St Dayton, OH 45402	\$0.00
View EOP	Not Applicable	5/9/2020	230 N Main St Dayton, OH 45402	\$0.00

Recovery Request (Recoupment)

Claims Recovery Request

Claims Recovery

Contact

Contact Name: Required

Contact Phone: Required

Claims

Member Name: Required

Member ID: Required

Begin Date of Service: Required

End Date of Service: Required

Claim Number: Required

Reason for Adjustment:

☐ Billing Error

☒ COB / Primary Insurance

☐ Claim Recovery

☐ Duplicate Payment

☐ Overpayment / Other

Takeback Type:

☒ Full Claim Takeback

☐ Partial Claim Takeback

Primary Insurance Name Required

Subscriber's Policy Number Required

Attachments: Please submit primary carrier EOP.

Files Uploaded:

- Claim should be reviewed and recovered (if needed) within 30 days.
- Please note that Member ID will be their Subscriber ID when completing this form.

Disputes

Disputes

File a claim payment dispute for a claim underpayment, a partially or fully denied claim (*please see below for a few exceptions*), or for an adverse claim payment decision.

A claim number is required to submit your claim dispute through the Portal. Any supporting documentation should also be attached.

The following should not be submitted as a Dispute:

If you are responding to a denied authorization that requires medical necessity review, please submit an [appeal](#).

If you are submitting a request due to overpayment, please submit a [claim recovery request](#).

If your claim was denied due to a missing consent form, please [upload the consent form](#).

If your hospital claim was denied due to missing medical records, please [upload the medical records](#).

Notice:

CareSource is currently unable to receive dental appeals or disputes through the Portal. If you need to submit an appeal or dispute involving a dental claim, please mail your submission to:

CareSource
Attn: Grievance and Appeals
P.O. Box 1947
Dayton, OH 45401-1947

You can also fax your submission to **937-531-2398**.

Disputes

Submit Dispute

Check Status

Claim ID:

Appeals

Appeals

Prior to filing an appeal you must submit a claim dispute to CareSource. You have the right to appeal once you have received your claim dispute decision or 30 calendar days have passed since CareSource received your dispute.

Notice:

CareSource is currently unable to receive dental appeals or disputes through the provider portal. If you need to submit an appeal or dispute involving a dental claim, please mail your submission to:

CareSource
Attn: Grievance and Appeals
P.O. Box 1947
Dayton, OH 45401-1947

You can also fax your submission to **937-631-2398**.

Appeals

Submit Appeal	Check Status
---------------	--------------

Claim ID:

Find



Member Reports

Member Reports

[Provider Portal](#) – Member Reports – Provider Membership List

Provider Membership List

[Edit](#)

Provider Membership List

Member is eligible for service on the specified date

[Alert Legend](#)

🕒 New Assessment

🕒 New Care Treatment Plan

🔄 Updated Care Treatment Plan

Providers: Default Provider - 999999999999 ▼

Export Options: [Entire Group's Member List as CSV](#)

Page(s): 1 2 3 4 5 6 7 8 9 10 ...

Record(s): 6556

Clinical Practice Registry

[Clinical Practice Registry](#)

[Learn More](#)

Providers: Default Provider - 999999999999 ▼

Filters:

Select State

All

Select Plans

All

Select Measures

All
Adult Access
Asthma Control

Select Criteria

All
Red
Yellow

Select Patient Status

All
Established
New

Select Enrollment Status:

All
Continuous
Recent



Providers

Providers

PROVIDERS

Care Management Referral

Dental Provider Login

ER Referral

File Grievance

HIP Provider Cost Estimator

Pharmacy

Prior Authorization and Notifications

Provider Documents

Provider Maintenance

Quality Enhancer

Radiology Benefits Manager



Prior Auths & Notifications

Prior Authorization Requirements

- [Medicaid](#)
- [Marketplace](#)

Using CareSource Provider Portal Prior Authorizations

To help you with the features of CareSource Provider Portal Prior Authorizations, please refer to the following links:

- [Using CareSource Provider Portal Prior Authorizations Presentation Slides](#)
- [Fax Numbers for Pended PA's](#)
- [Indiana Newborn Notification Overview](#)
- [Indiana Outpatient Prior Authorization Submission Overview](#)
- [Indiana Inpatient Prior Authorization Submission Overview](#)
- [Marketplace Providers: Request for Change or Request for Case Tip Sheet](#)
- [Medicaid Providers: Request for Change or Request for Case Tip Sheet](#)
- [Inpatient Emergency Services Tip Sheet](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [Email questions](#)

Prior Authorization Results Screen

Reference # and Authorization status will be displayed on the Provider Portal after submitting the request.

***Please note you are also able to attach additional clinical information.**

Prior Authorization and Notifications

Medical (Inpatient & Outpatient)	Newborn Delivery Notification	Observation	Status
----------------------------------	-------------------------------	-------------	--------

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications

Recipient Id	CareSource Id	Member Info
--------------	---------------	-------------

Provider ID:

Provider Maintenance

Providers can now submit updates to their provider information online, including address or phone changes, adding a provider, etc. Please select the appropriate tab to submit your updates to CareSource online. Typical requests are processed within 7-10 business days. If your request requires additional information, a CareSource representative will contact you. Questions? Call 1-866-286-9949. For all new providers, the initial onboarding process can take up to 90 business days. If your credentialing request requires clarification or additional information, a Credentialing Coordinator will contact you.

To change your Tax ID number, or update your IRS name, you must make those changes through an amendment to your contract, not through maintenance. You can make those changes using the [New Health Partner Contract Form](#).

If you have a delegated contract for credentialing with CareSource, you will not be able to submit your maintenance request using this site. All new providers (additions); changes (additional address, phone # updates, etc.) and terminations will need to be submitted through a monthly roster. If you have questions, please contact your contracted delegated entity to submit your information.

Provider Maintenance

Demographic Change	Provider Add	Cultural/Linguistic/Accessibility Info
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Providers:

****Note: All changes must be submitted to CoreMMIS prior to submitting to CareSource**



Credentialing Reminders

- A current CAQH is needed for credentialing any provider.
- Additional organization applications are required for Hospitals, Urgent Clinics, Skilled Nursing Facilities, Home Health Agencies, Ambulatory Surgical Centers, CMHCs and County Health Departments.
- W9 is required for all new requests and changes.



Updates & Announcements

Visit the **Updates and Announcements** page located on our website for frequent network notifications.

<https://www.caresource.com/in/providers/tools-resources/updates-announcements/medicaid/>

Updates may include:

- Medical, pharmacy and reimbursement policies
- Authorization requirements
- Additional portal enhancements



How to Reach Us

Provider Services	1-844-607-2831
Hours	Monday to Friday 8 a.m. to 8 p.m. (EST)
Member Services	1-844-607-2829
Hours	Monday to Friday 8 a.m. to 8 p.m. (EST)

CareSource Health Partner Engagement Representatives

Denise Edick, Manager, Health Partnerships
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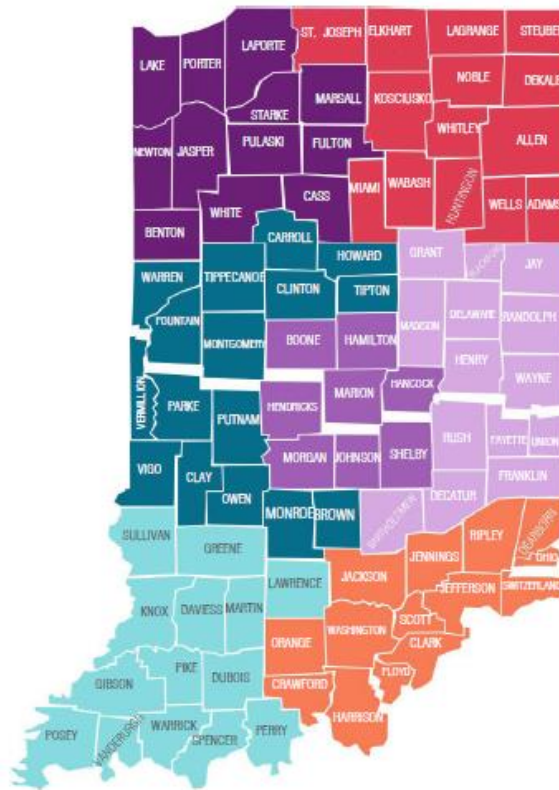
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KentuckyOne, Norton, Baptist
Health Floyd



Thank you!

